

THE RELATIONSHIP BETWEEN PARENTAL MONITORING AND
COMMUNICATION AND RISKY SEXUAL BEHAVIOR AMONG AFRICAN
AMERICAN ADOLESCENT GIRLS

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A THESIS
SUBMITTED TO THE
DEPARTMENT OF PSYCHOLOGY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR DEPARTMENTAL HONORS IN PSYCHOLOGY

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SPELMAN COLLEGE

APRIL 2015

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African American adolescent females are disproportionately infected with HIV and other STIs. For public health purposes, it is critical that this population is examined to determine what factors may be contributing to this epidemic. Family dynamics, such as parental monitoring and communication play significant roles in the development of adolescents' positive or negative behaviors. While previous literature assessed parental monitoring among African American children, studies have not specifically addressed older African American adolescents who have begun engaging in risky behaviors such as having unprotected sex or sex with numerous partners. For the purpose of the present study, researchers sought to understand how these behaviors are associated with parental influences, or lack thereof. Secondary data analyses were performed to examine associations using baseline assessment data from African American females, ages 14-20, who were recruited from sexual health clinics to participate in a sexual risk reduction intervention trial. Results supported the hypotheses that increased parental monitoring and communication are associated with fewer sex partners and higher proportion condom use, respectively. Information gained from this study can assist parents in implementing certain practices in their households related to monitoring and communication in order to reduce risky sexual behavior exhibited by adolescent females.

The Relationship Between Parental Monitoring and Communication and Risky Sexual Behaviors Among African American Adolescent Girls

The incidence of sexually transmitted infections (STIs), such as gonorrhea and chlamydia, is rising among the population of African American adolescent females. Furthermore, this highly at risk group is disproportionately affected with STIs and is 20 times more likely to contract HIV than its white counterparts (Center of Disease Control, 2015). In fact, African American women accounted for 89% of the diagnosed cases of HIV in 2011 (CDC, 2015); a troubling statistic considering that sexually transmitted infections are essentially preventable by consistently practicing safe sexual behaviors or abstaining from sexual interactions altogether.

In addition to increased risk of acquiring sexually transmitted infections, involvement in risky behaviors such as inconsistent condom usage, sexual interactions with multiple different partners, and engaging in sexual intercourse frequently, contribute to the incidence of unintended pregnancies, and can also have a profound, negative impact on adolescents' emotional/psychological stability (Sneed, 2009). The common exhibition of the previously described risky sexual behaviors by adolescents can partly be attributed to the elevated hormonal activity that young adults experience during the progression of puberty. However, not every adolescent participates in those types of behaviors, which suggests that some external factors directly instigate the maladaptation of risky sexual behaviors.

As a result of the alarming realities confronting African American females, it is a priority for health professionals to understand how this behavior manifests by identifying factors that may contribute to African American females engaging in risky sexual

behavior. A deeper understanding of these factors would enable health care providers to develop and implement appropriate preventative measures to alleviate this epidemic.

According to previous research, one element that influences sexual behavior among adolescents is family dynamics. The relationship between a parent and a child has a significant impact on the child's overall attitude and behavior. Specifically, parents who adapt a more hands on parenting approach by actively making themselves aware of their child's activities, whereabouts and peer associations, can effectively deter their child from engaging in risky sexual behaviors. This parental knowledge regarding where, how and with whom their children spend time is referred to as parental monitoring (Bersamin, 2008).

Additionally, parents who foster a home environment with open communication about their personal expectations and beliefs about sex to their children can empower their children to make responsible, safe decisions. Parental communication with adolescents about sex can be challenging because the topic is considered sensitive. However, when both parties are uncomfortable, the effectiveness of the conversation is at risk of diminishing. For parents, the idea of communicating with their adolescent about sex may plague them with internal pressure to convey the right message in an appropriate way (Mollborn, 2010). Details such as tone of voice and word choice are important factors in establishing trust as opposed to judgment. Ultimately, characteristics of highly successful parental communication about sex include honesty, straightforwardness, and understanding (Bangpan, 2012).

Therefore, the purpose of the current study is to evaluate the relationship between parental monitoring and parental communication about sex and risky sexual behavior

among African American adolescent females. Findings will expand upon previous research by specifically addressing African American adolescent females who are already sexually active and have experimented with risky sexual behaviors. It was hypothesized that higher levels of parental monitoring would be inversely related to adolescents' frequency of participation in vaginal sex and the number of different vaginal sex partners, all within the last 6 months; and that higher levels of parental communication would predict a higher proportion of condom use out of the reported number of times adolescents had vaginal sex within the last 6 months.

Literature Review

While many factors such as substance abuse, impulsivity, self-esteem and education level, contribute to adolescent participation in risky sexual behavior, previous literature suggests that parental measures are most influential. Therefore, parental monitoring and parental communication will primarily be discussed in addition to the Social Ecological Model, which provides the theoretical framework for the present research.

The Social Ecological Model

The Social Ecological Model provides the theoretical framework for the current research. According to this approach, susceptibility to complex maladaptive behaviors, such as risky sexual practices, are determined by the various layers and interactions of environmental influences surrounding a particular individual (Bronfenbrenner, 1997). Founder of the Social Ecological Model, Urie Bronfenbrenner, asserts that the ecological environment is comprised of multiple influences, such as those existing within the microsystem, that play a role in human development.

The microsystem is the first layer in the ecological environment. Included in this domain are family, friends, school and workplace settings, which all provide the foundation for development by contributing to an individual's socialization. A unique feature of the microsystem environment is the immediate connection between each entity and the developing person. At this level, the patterns of activities, social roles, and interpersonal relationships involved have the greatest potential to dictate the quality of development—whether positive or negative—in a person. Importantly, a person learns behavior and seeks validation from the prevalent and intimate people or organizations in the microsystem.

In the context of the present study, the risky sexual behavior exemplified by participants is attributed to multiple environmental factors. Within the microsystem, parents have the greatest affect on the development of adolescents.

Parental Monitoring

Parental monitoring assesses the extent to which parents know about where their children are, whom their children are with, and what their children are doing. Higher levels of parental monitoring indicate a greater awareness of children's activities and peer associations. However, a child volunteering information regarding his or her social plans does not constitute parental monitoring; parents must initiate the conversation and ask appropriate questions.

By remaining actively involved in a child's life, parents have a platform to discuss expectations and apply punishment if expectations are not met. However, when parents exhibit low monitoring, children perceive that they have more freedom. Parental failure

to establish boundaries or enforce rules increases the possibilities of children's exposure to negative influences (Bangpan, 2012).

In a previous study examining the association between parental monitoring and preadolescent sexual risk, urban, low-income African American families were recruited (Baptiste, 2007). In total, 309 African American youth in 4th and 5th grade, from two different impoverished public housing developments in Chicago and their parents served as participants. Students completed an independent assessment pertaining to sexual risk behavior, and parents were interviewed separately. The Parent Report of Monitoring scale was utilized to measure parental monitoring from the perspective of the parents. In total, 36 items were presented that related to parental awareness, effectiveness of rules and discipline, and parental involvement. Each item was rated on a 5-point Likert scale. The preadolescent girls received the Youth Report of Monitoring scale, which also comprised 36-items rated on a 5-point scale. To assess sexual risk situations, the Situations of Sexual Possibility measure containing 14 multi-part questions was used. As hypothesized, results indicated that parental monitoring significantly predicted adolescent sexual risk situations. This suggests that closer and more consistent parental monitoring limits opportunities for adolescents to engage in risky behavior by decreasing opportunities for exposure to sexual risk situations. However, participants in the study were between the ages of approximately 9 to 11 years old. Since this age group is not typically associated with sexual activity, results may not be generalizable.

Additional research on parental influence suggests that parents play a critical role in adolescents' lives even though they are transitioning into adulthood. In a longitudinal study, researchers determined that daughters who spend more time with their parents are

less likely to practice risky sexual behavior (Huang, 2011). By spending time together, parents and adolescents can build trust and exchange information. Informed parents can take measures to effectively filter what they allow their children to participate in; parents can also instill in their children that verification of the child's alleged plans is possible through checking in via telephone calls or driving to specific locations. Adolescents knowing that their parents are aware of where they are and who they are with may manifest in a heightened sense of mindfulness, which could mediate adolescents' decisions and behaviors away from home. Providing structure by demanding information prevents some adolescents from becoming involved in precarious situations and acting recklessly.

While boundaries discourage risky behavior, excessive monitoring could incite rebellion and result in adolescents taking drastic, sneaky measures. During transitional periods when new environments are introduced, for example, going from high school to college or getting a new job, adolescents experience freedom from parents being physically present (Bangpan, 2012). Adolescents may overindulge in risky behavior because they are empowered by their newly amplified independence. However, results from an 8-year longitudinal study indicated that parental monitoring during early adolescence has long-term mitigating effects on adolescent risky sexual behavior (Huang, 2011). This suggests that, in order to protect adolescents from risky behaviors, it is most effective for parental monitoring levels to be high and consistent when children are young. Applying greater parental monitoring as children grow up may be necessary depending on the child if monitoring was not previously introduced during childhood.

A study utilizing a discrete-time survival mixture analysis furthers previous research on parental monitoring as a factor of adolescent sexual behavior (Huang, 2011). Researchers analyzed parenting practices throughout several years and across different ethnic groups. The sample of 5305 adolescents (25.8% African American), who were between 12-14 years old, was selected from a longitudinal study conducted from 1997-2005; parents also participated in an interview. A 4-item parental monitoring scale was presented annually at each assessment point, while the sexual risk score was only offered to participants beginning at age 14. In general, results found that girls received higher levels of parental monitoring than boys. Additionally, results suggested that parental monitoring was related to adolescents first becoming sexual active. Heavily monitored youth exhibited a lower age of sexual initiation than less-monitored youth. It was concluded that parental monitoring has mitigating effects on adolescent risky behaviors. However, limitations in the study include that secondary data from as long as 17 years ago, was utilized, which could be considered outdated in science.

Parental Communication About Sex

While parental knowledge regarding basic information about a child's whereabouts, peers, and activities is critical in protecting the child from participating in risky behavior, the actual dynamic of the parent-child relationship is a separate, and equally important factor. Studies have shown that parents have a greater influence on their children than their children's friends (Bronfenbrenner, 1997). Therefore, the way parents lead communication about sex is very important.

To demonstrate that healthy attitudes regarding sex decrease risky sexual behaviors, a study analyzed adolescent attitudes towards sex (Chapman, 2008).

Participants were 304 kids between the ages of 10 and 18 from a mid-western state.

Sexual experience and parental factors were measured as participants indicated the quantity (how often have you discussed condom use, STDs, what is right/wrong in sexual behavior, etc.) and quality (how did you feel about the talks with your parents, do you and your parents share the same beliefs about sexuality, etc.) of their communication with their parents. Better quality relationships between parents and adolescents consisted of greater communication and adolescent perception that their parents care about them. Results showed that adolescents who reported having more parental conversations about sex were significantly less likely to be sexually active. Additionally, parental influence was found to have a low, negative correlation with adolescent attitudes towards sex. However, only 11% of the sample was African American so results lack generalizability.

Another study investigated how parental involvement predicts sexual risk behavior among adolescent women by measuring parental communication, parental attitudes towards sexuality and daughters' internalization of paternal attitudes from 11 studies (Bangpan, 2012). Participants' ages ranged from 18 to 25 years old. Results concluded that parental communication style influences adolescent women's sexual behavior. Positive communication entails parents sharing and explaining their beliefs while remaining open, nonjudgmental towards and receptive to adolescent's questions, while poor parental communication styles foster discomfort and can negatively impact adolescent females' sexual behavior. Furthermore, daughters that felt emotionally supported by their parents and spent more time with their parents were more likely to engage in safe, as opposed to risky, sexual activities. The presence of an active father figure was associated with delayed sexual engagement. Although this study advanced

literature on the subject, more than six of the analyzed articles were published outside of the United States. Also, demographic details from the studies were lacking, so the extent that the samples were representative of the African American population is uncertain.

Studies consistently find that increased parental communication about sex is associated with less risky sexual behaviors among adolescents, but the quality of the parent-adolescent relationship is rarely expounded upon and neither are the specific roles that mothers and fathers play. A longitudinal study explored whether parenting predicts mid-adolescent sexual risk behaviors, with parenting for fathers and mothers measured separately (Coley, 2009). The parenting variable was composed of maternal monitoring, paternal monitoring and family involvement to serve as a predictor of adolescent sexual risk behaviors. In this context, parental monitoring was operationally defined by warmth, communication and parents' time spent with adolescents. Risky sexual behaviors included the frequency of sexual intercourse, number of partners and frequency of unprotected sexual intercourse. Both adolescents (ages 12-18) and their parents were surveyed, and findings suggested that family activities significantly predicted the occurrence of sexual risk behaviors. Children who participated in family activities were less likely to engage in sex. Researchers attributed this to the amount of communication occurring between parents and adolescents during the family activities. Maternal monitoring was also a significant predictor of sexual risk behavior. However, minimal information is provided in reference to the content of communication between the parents and adolescent participants.

Parents often overestimate the quality of their communication with their adolescents, and think that they have thoroughly expressed and explained their opinions

on a particular subject. As a solution, increasing family activities provides opportune interactions in which parent-adolescent bonding provides opportunity for parental values to be stated. Furthermore, parent-adolescent bonding can alleviate potential awkwardness derived from imminent conversations about sex. Parents can discuss scenarios and prepare their adolescents to react appropriately to various situations such as peer pressure. Limitations of this study include the lack of African American representation; only 16% of participants reported belonging to this racial group.

Parental knowledge is an aspect of parental communication and also relates to parental monitoring. Whether parents accurately know what activities their adolescents are involved in was thought to have an impact on risky sexual behavior of the adolescent. To further address the idea of incongruence, a study was conducted using a longitudinal sample (Mollborn, 2010). Four hypotheses were formulated; of most relevance was the idea that increased parent-adolescent communication would lead to increased parental knowledge of adolescent's sexual experience. Accurate parental knowledge would result in more effective, and direct parental communication about sex, which would decrease likelihood of adolescent participation in risky sexual behaviors. Surprisingly, results were not statistically significant and the hypothesis was not supported. However, additional findings from the study determined that parents' belief that their adolescent was sexually active (whether the belief was accurate or not) had a significant, positive relationship with subsequent risky sexual behaviors. This suggests that during parent-adolescent conversations about sex, if adolescents perceive that their parents are assuming they are sexually active, it can actually lead to the adolescent participating in sexual activities. Essentially, the adolescent may interpret the conversation as consent to begin or continue

having sex because the parents have assumed the behavior is already occurring.

Therefore, parents should ensure that their communication is not exclusively from the perspective that their child is sexually active. Instead, parents should apply a dialogue that is appropriate whether or not the adolescent has commenced sexual activity. Without making assumptions and being judgmental, parents should clearly communicate to their adolescents about the physical and emotional risks associated with having sex at a young age. Although this study contains interesting implications, it does not provide extensive information regarding the demographics of the sample so the extent to which results could be applied to the African American community is limited.

While the majority of research holds that increased parental communication about sex is associated with a less likelihood of adolescents engaging in risky sexual behavior, data from one study suggests the opposite (Chen, 2007). Data from the National Longitudinal Study of Adolescent Health was used and the sample contained 6,342 adolescents (females, $N=3,217$) of average age approximately 17 years old, and who lived with both parents. Contrary to expectations, adolescents who reported higher parental communication about sex tended to be engaging in more risky sexual behaviors. Possible explanations suggested that the following conditions for the communication style were not met: open, friendly and comfortable.

Overall, findings suggest that the levels of parental monitoring exerted on adolescents as well as the content and consistency of parental communication efforts about sex, specifically, influence adolescent participation in risky sexual behavior. However, previous literature lacks a sample that is representative of the African

American population that is most in jeopardy of acquiring STIs and sustaining other negative consequences from sex.

Methods

Participants

Over the course of approximately two years (June 2005 to June 2007), 701 African American adolescents were recruited from three different sexual health clinics in a Southern state to participate in a randomized controlled trial of a sexual risk reduction intervention. Eligibility requirements included identifying as an African American female, being between the ages of 14 to 20 years old, and acknowledging having unprotected vaginal sex at least once within the past 6 months. Furthermore, participants had to be unmarried with no intentions of becoming pregnant.

Procedure

After participation requirements were verified, researchers and interested candidates coordinated a subsequent return to the clinic in order for participants to provide official written consent and complete the baseline assessment. Parental consent was not required for underage participants due to the already confidential structure of the sexual health clinics. Baseline assessments were administered via an audio computer-assisted self-administered interview (ACASI) to increase the likelihood of honest responses to questions relating to the sensitive subject matter of sex.

Measures

Demographic questions. A variety of demographic questions appeared on the survey including age, education level, relationship status, family household living arrangement and socioeconomic status.

Parental monitoring. The Parental Monitoring Scale assesses adolescents' perceptions regarding whether they believe their parents know where they are, what they do and whom they are with. For the purposes of this study, parental monitoring was assessed using 2-items, including, "When you are away from home and not at school or work, does [your parent] know where you are?" and "When you are away from home and not at school or work, does [your parent] know who you are with?" Responses were quantified with a Likert scale ranging from 1 (*never*) to 5 (*almost always*).

Parental communication. Parental communication was measured using 5 items including, "In the last six months, how often have you and your parent(s) talked about sex?" and "In the last six months, how often have you and your parent(s) talked about how to protect yourself from Sexually Transmitted Diseases (STDs)?" Parent-adolescent communication about sex was quantified with a Likert scale from 1 (*never*) to 4 (*often*).

Risky sexual behavior. The Risky Sexual Behavior Scale measures the frequency and risky behaviors associated with the sexual encounters of adolescents. Comprised of three open-ended items, participants input values to the following, "In the past 6 months, how many times have you had vaginal sex?" "In the past 6 months, how many guys have you had vaginal sex with?" and "Out of the XX times you've had vaginal sex, in the past 6 months, how many times did you use a condom?"

Data Analysis

For the current research, data was obtained from a pre-existing, de-identified dataset from a larger intervention trial. With a cross-sectional design, baseline data was used to evaluate the association that parental monitoring and communication have with adolescent females' risky sexual behaviors, such as, frequency of sex within the past 6

months, number of sex partners within the past 6 months, and proportion condom use during sexual interactions within the last 6 months. To test the hypotheses that: 1) adolescents who reported experiencing higher levels of parental monitoring would have fewer sexual interactions 2) adolescents who reported experiencing higher levels of parental monitoring would have a fewer sex partners and 3) participants who reported greater parental communication about sex would have a higher proportion of condom use, correlation and multiple regression statistical tests were conducted. In the multiple-linear regression, age was held constant because the range of participants' ages was 14–20, and the six-year gap between the oldest and youngest participants, if not held constant, could have yielded inaccurate results. Theoretically, a 20-year-old could have had six years of sexual experience more than her 14-year-old counterpart, which would be reflected in the reported number of sex partners. Drug and Alcohol use was also held constant because individuals under the influence of drugs and/or alcohol are more likely to engage in activities, such as sex, that they ordinarily would not if they were sober.

Results

Descriptive statistical tests were conducted to provide further demographical information. Means and frequencies were obtained for variables such as age, age of first consensual vaginal sex experience, primary household members, socioeconomic status and education level.

The mean age of participants was approximately 18 years old ($M=17.64$, $SD=1.67$), and the mean age of first consensual vaginal sex experience was 15 years old ($M=14.82$) indicating that many participants had been sexually active for at least three years at the time of the baseline assessment. On average, participants had engaged in

vaginal sex with eight different partners in their lifetime. At the time of the baseline assessment, 57.20% reported having a boyfriend, while 12.27% indicated having a casual sex partner and 22.25% indicated having both a boyfriend and casual sex partner.

Educational experience varied among participants, with approximately 52.5% completing some high school, 18.5% graduating from high school or earning a GED, and 16.3% attending 1-2 years of college. The socioeconomic status of participants was evaluated based on whether their household received any financial assistance or services from the government. The majority (77.2%) reported accepting at least one service.

In addition to demographics, bivariate and multivariate data was computed through correlation tests and regression tests respectively. A correlation test was conducted to test the hypothesis that higher levels of parental monitoring would be associated with less reported instances of vaginal sex among adolescent girls. Results were not significant and did not support the hypothesis, $r(650) = .032$, $p > .05$. This suggests that there is no relationship between parental monitoring and number of sexual encounters in the past 6 months. Because the correlation was not significant in the bivariate analysis, the relationship between parental monitoring and number of sexual interactions was not investigated further.

However, a correlation test measuring the relationship between parental monitoring and number of sexual partners in the past 6 months was significant, as hypothesized, $r(650) = -.129$, $p < .001$. A negative, weak correlation exists between these two variables such that as parental monitoring levels rise, the number of male partners declines.

Additionally, the results from the correlation test assessing the association between parental communication and proportion of condom use was consistent with the hypothesis, $r(664) = .111$, $p < .001$. Results indicated a positive, weak correlation; as the parental communication with an adolescent increases, so does the proportion of condom use for that adolescent. Overall, results of the bivariate analyses supported the hypotheses; to obtain further information, multivariate tests were performed.

To analyze the relationship between parental monitoring and number of vaginal sex partners, a regression was performed holding age and drug/alcohol use constant. Results supported the hypothesis that parental monitoring significantly predicts number of sexual partners, $t(649) = -3.102$, $p < .01$, $R^2 = .037$. Even though results were significant, this model explained only about 4% of the variance. While that is not an ideal figure, it can still be concluded that as parental monitoring increases, the number of sexual partners decreases.

Finally, a regression was conducted to determine the extent of the association between parental communication and proportion condom use. As expected, parental communication was a significant predictor of proportion condom use, $t(663) = 2.218$, $p < .05$, $R^2 = .023$. If parents communicate with adolescents about sex, adolescents are more likely to use condoms during vaginal sex. However, this accounted for only 2.3% of the variance, which is relatively small.

Results of the multiple-linear regression were fundamentally consistent with the hypotheses and suggest that parental monitoring and communication play an important role in discouraging risky sexual behavior among adolescent girls.

Discussion

Results showed that a relationship between parental monitoring exists with the number of sexual partners of adolescent females. Participants who received higher levels of parental monitoring reported lower numbers of sexual partners; this finding is consistent with previous research and the hypothesis. Although the statistic was weak, it is still significant and indicates that parental monitoring is inversely related to the number of vaginal sex partners. Greater monitoring likely leads to fewer sex partners for adolescents because adolescents understand that their parents not only care about what they are doing, but also know what they are doing. Based on the information derived from parental monitoring, such as the adolescent's company and location, there is always a possibility that parents could get in contact with the adolescent at any time to confirm that accurate information was divulged. Adolescents typically would not want to risk damaging the trust they have established with their parents by getting being dishonest.

The relationship between parental monitoring and number of vaginal sex occurrences was not significant. This suggests that the number of times an adolescent engages in sexual activity is unrelated to the level of parental monitoring they receive. While parental monitoring reduces the number of sex partners, knowing where and whom your adolescent is with is not enough information to affect the number of times they have sex. A possible explanation is that although parents may know who their adolescent's sex partner is and when she is with him, there would no way of knowing how many times they were having sex per encounter. There may not be a level of parental monitoring that is sufficient enough to decrease the number of times adolescents of this age have sex because the two variables are not interconnected as hypothesized in this study.

However, the parental communication relationship with proportion of condom use was significant. In addition, parental support was accounted for because varying levels of adolescent trust towards their parents would have produced discrepancies within the results. Ultimately, parental communication about sex entails parents promoting safe sex practices and discussing possible consequences of sex, such as sexually transmitted infections or unintended pregnancies. Adolescents who have conversed with their parents about sex are more likely to use condoms consistently and thus have a higher proportion of condom use during vaginal sex. The hypothesis was formulated based on this logic and was been supported by the results.

While the current research contributed to the literature about parental influences on risky sexual behavior, there were limitations. A primary weakness of the current study was that it utilized secondary data that was obtained from the baseline assessment of a larger intervention trial for STI prevention. The researcher had no direct input on the questions used in the survey and therefore had to compute survey items to represent the variables of interest. For example, parental monitoring is operationally defined as parents seeking information regarding where their child is and whom their child is with. However, the parental monitoring measure included responses from the question: "when you are away from home and not at school or work, do your parents know where you are?" The phrasing of this question excludes a fundamental component of parental monitoring—the act of parents seeking the information. Consequently, it is unclear how—whether they asked or were told—the participants' parents would have known the answers to the items presented in the survey.

An additional limitation is that the overwhelming majority of participants reported that their families received some type of government assistance via food stamps, welfare or housing subsidies. Because most participants fell into a specific socioeconomic status, the results may lack generalizability to the larger population of African American adolescent females. It is plausible that results for individuals associated with the middle or upper-class would have been slightly different.

Conclusion

In the United States, African American women are infected with sexually transmitted diseases at significantly higher rates than their white counterparts. Statistics reflecting this disproportionate phenomenon have been made available in various media outlets, and scientific research has addressed this population to identify possible sources of this sexual health disparity. However, current research often lacks generalizability to African American females between the ages of 14 and 20, when adolescents are especially likely to contract an STI. While solutions may have been proposed to alleviate this critical problem, the instances of STIs have not decreased and it remains a public health concern. Therefore, the present study advances previous research by exclusively exploring highly at risk African American adolescent females. In doing so, similarities among participants were analyzed, effectively leading to the identification of contributing factors. Results indicated that parental influences are significant and lasting for adolescents' sexual behavior.

Parental monitoring involves parents actively engaging with their adolescent to acquire knowledge about the child's social activities by asking where they are and whom they are with. Adolescents whose parents demonstrate high monitoring levels tend to

have fewer sexual partners, but not necessarily fewer sexual interactions compared to adolescents who receive minimal monitoring. This suggests that parents should maintain high levels of monitoring when their child is away from home and not at school in order to reduce the adolescent's exposure to many different sex partners.

Parental communication is also an important aspect of an adolescent's developed sexual behavior. Although parent-adolescent communication can be challenging, parents must lead with confidence in such a way that expresses their values and expectations without seeming judgmental. When parents communicate with their adolescent about sex in a thorough manner, their child will be significantly more likely to use protection when engaging in vaginal sex. Overall, parental communication plays an important role in protecting adolescents from STIs so it is imperative that parents are diligent in initiating such important conversations.

Future research should further explore the family dynamics to gain a better understanding of how risky sexual behavior is impacted. For example, parental education level and/or parent's age when their first child was born may provide greater explanation for African American adolescents' probability of engaging in risky sexual behavior. Differing levels of education among parents could drastically affect how they monitor and communicate with their children. Similarly, offspring of young parents tend to also have children at a younger age, which relates to parental influences as well as risky sexual behavior. Another recommendation for future research directions includes examining parental discipline/punishment. The sexual tendencies of adolescents who are disciplined or receive punishment from parents may be different from those who do not.

Research exploring these variables would supply implications for parental strategies involving punishment to influence sexual behavior among adolescents.

As minorities in various respects, African American females do not always receive equal attention in research. While the current research answers some questions about adolescent risky sexual behavior, questions still remain. Therefore, it is very important that research on this population continues and that valuable information is gained so that the existing sexual health disparities decline—especially since many are easily prevented.

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